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DISCOVERY
SCIENTIFIC SOCIETY

Unveiling the impact of organizational culture on malpractice risks: An in-depth qualitative analysis of healthcare providers' insights

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ABSTRACT

Background: Organizational culture and malpractice risk perceptions are critical elements in Neonatal Intensive Care Unit (NICU) settings that affect patient care, healthcare practitioner well-being, and the general work environment. The study is to evaluate the aspects of Organizational culture in NICUs, investigate healthcare personnel' opinions of malpractice risk, and investigate the interactions among these elements. *Methods:* The association between Organizational culture and malpractice risk perceptions among NICU healthcare personnel was investigated qualistically. From four tertiary university hospitals, 750 individuals were chosen via purposeful sampling. Interviews were used to gather data; theme analysis was done to identify salient features. Extended participation, member verification, peer debriefing, and ethical standard adherence all helped to build credibility. *Results:* The study covered a number of topics, including patient care dedication, teamwork, and cooperation. Positive elements were consistently found to include a supportive work atmosphere, multidisciplinary communication, and mutual respect. Still, there were some clear differences amongst institutions, especially with regard to risk management. Some providers said that although inexperienced practitioners felt excluded, competitive attitudes and mistrust of institutional risk management prevailed. Particularly with respect to mistake disclosure, issues about institutional carelessness and obstacles to honest communication were very common. Furthermore, it investigated the effect of burnout on patient safety, exposing staff members to great psychological suffering. *Conclusion:* The study came to the conclusion that reducing malpractice risks and guaranteeing high-quality treatment in NICU environments depends much on a strong

Organizational culture marked by good communication, cooperation, and a dedication to learning.

1. INTRODUCTION

Organizational culture and healthcare provider perceptions of malpractice risk within these settings of utmost relevance Boothman et al., (2012), Kuhn and Youngberg, (2002) depend critically on the specialized care that newborns with complicated medical needs receive from Neonatal Intensive Care Units (NICUs). Improving patient care, encouraging a good work environment, and guiding focused interventions meant to improve the delivery of healthcare depend on an awareness of the dynamics of organizational culture and how they affect malpractice risk perceptions (Dalton et al., 2008; Örenç et al., 2022). This article aims to analyze themes of organizational culture in NICU environments, investigate healthcare professionals' opinions of malpractice risk, and investigate the interactions between organizational culture dimensions and malpractice risk perceptions. This study aims to reveal complex insights into how organizational culture shapes malpractice risk perceptions among healthcare providers.

2. METHODS

Design of the study

The impact of organizational culture on malpractice risk perceptions among Neonatal Intensive Care Unit (NICU) healthcare personnel was investigated qualitatively in this study. Data were gathered via semi-structured interviews with NICU healthcare personnel at four tertiary university hospitals using a cross-sectional approach.

Sampling

750 NICU healthcare professionals were invited to participate—physicians, nurses, nurse practitioners, and other pertinent staff members. Variations in professional responsibilities, years of experience, and NICU environments were sought to guarantee that varied points of view were recorded. Participants were selected from the four tertiary university hospitals' NICU departments and guaranteed representation in several institutional settings. The particular goals and features of the target population—Neonatal Intensive Care Unit (NICU) healthcare professionals—help to justify using purposive sampling in this study. Purposive sampling, marked by the intentional choosing of subjects with pertinent traits or experiences, fits the emphasis of the study questions.

Purposive sampling turned out to be the most appropriate method for numerous important reasons in the framework of this study. First of all, doctors, nurses, nurse practitioners, respiratory therapists, and other staff members are among the many professional tasks that NICU healthcare providers cover. Every position offers different angles on Organizational culture and malpractice risk in NICU environments. Purposive sampling guarantees a thorough representation of points of view in the population by allowing the deliberate selection of participants from several professional backgrounds. Furthermore, NICU healthcare staff members range in experience from inexperienced beginners to seasoned experts. Views of Organizational culture and malpractice risk can be very much influenced by experience levels.

Purposive sampling helps individuals from a range of experiences to be included so that research on how different experiences affect views about these elements may be undertaken. The research also includes four tertiary university hospitals, distinguished by their own policies, Organizational culture, and procedures. Purposive sampling guarantees variation of institutional settings by allowing participation from every hospital. This method helps research any variances in Organizational culture and malpractice risk perceptions in various healthcare environments. Given the specialized character of NICU healthcare delivery, the study especially targets healthcare practitioners directly within NICU environments. Purposive sampling guarantees the relevance and application of the study to the NICU environment by means of focused recruitment of persons with direct knowledge and perspectives pertinent to the research subject.

Moreover, given the scarcity of NICU healthcare providers and the necessity of guaranteeing variety in the sample, deliberate sampling presents a sensible and quick method of recruitment. Researchers can maximize the possibility of obtaining rich and pertinent data by concentrating on spotting and choosing individuals who most satisfy the inclusion criteria. The choice of 750 participants for this study is justified depending on numerous important factors in line with the extent of the research, projected demographic heterogeneity, and the objective of data saturation. First, the study aims to find how Organizational culture affects malpractice risk perceptions among healthcare professionals in Neonatal Intensive Care Units (NICUs) spread throughout four tertiary university hospitals.

Given the complexity and variety of NICU healthcare environments, a large sample size was judged essential. Including 750 participants, the study seeks to guarantee representation from many professional positions, experience levels, and institutional environments in NICU healthcare settings. Moreover, the projected variation within the community of NICU healthcare providers calls for a large sample size to include a range of viewpoints and experiences. Working in NICUs, healthcare professionals differ in background and experience level as well as in Organizational functions. With a sizable sample, the study aims to capture this variability and investigate how various elements—such as professional function and experience level—may affect views of Organizational culture and malpractice risk.

Furthermore, the choice of 750 people shows a calculated attempt to reach data saturation, the point at which no fresh ideas or trends show from the data. A bigger sample size improves the probability of obtaining data saturation, given the intricacy of the study issue and the necessity to investigate subtle points of view inside the NICU healthcare professional community. With enough participants, the study seeks to fully represent the spectrum of viewpoints and experiences connected to Organizational culture and malpractice risk, therefore guaranteeing complete investigation and analysis of the research issues.

The enrolment of participants
To guarantee the effective enrolment of 750 Neonatal Intensive Care Unit (NICU) healthcare personnel across four tertiary university hospitals, the recruiting method for this study comprised thorough preparation and implementation under strict standards. Several approaches were used to successfully invite attendees, provide incentives, and maximize rates of involvement. A thorough list of possible volunteers was generated by working with administrative staff members and NICU department heads at every one of the four tertiary university hospitals. This list comprised doctors, nurses, nurse practitioners, respiratory therapists, and other pertinent staff personnel working in NICU environments.

After that, every person on the list received personalized invitations with comprehensive information on the research goals, methods, and possible advantages of involvement. The invites stressed the value of their observations and experiences in helping NICU healthcare to grow knowledge. Participants received a range of incentives to encourage involvement and show gratitude for their time and commitment. These incentives ranged from certificates of participation to continuing education credits and financial payback. Furthermore, encouraging their participation in the research gives them a feeling of security and trust. Apart from incentives, other approaches were used to maximize participation rates and inspire involvement among possible volunteers. These plans comprised:

Developing rapport and trust: By open communication and attentive listening to concerns or queries regarding the study, researchers got to know NICU healthcare staff. This strategy promoted a supportive environment fit for involvement and helped to create trust.

Understanding the hectic schedules of medical professionals, flexibility in scheduling was provided in order to fit participants' availability in interviews. By letting participants select convenient times for involvement, this method helped reduce participation obstacles.

Clear communication and reminders: To inform possible participants of the state of the research, remind them of forthcoming interviews, and handle any logistical concerns by means of emails, phone calls, or in-person meetings. Regarding interview dates, hours, and places, clear directions and reminders guaranteed clarity and reduced the possibility of missing appointments.

Hospital administrations and department heads were asked to promote the study and inspire involvement among medical professionals by means of institutional support. This support underlined the relevance of the research in advancing knowledge and enhancing patient care in NICU environments as well as gave credence to it.

The recruiting approach sought to maximize participation rates and guarantee the successful enrolment of 750 NICU healthcare personnel throughout the four tertiary university hospitals by using a mix of customized invitations, incentives, and strategic

engagement methods. These initiatives were crucial in producing a varied and representative sample, improving the research results' generalizability and validity.

Gathering Data

The interview guide for this study was developed methodically to guarantee its relevance, clarity, and efficacy in generating rich and perceptive data from Neonatal Intensive Care Unit (NICU) healthcare personnel. Deriving ideas and issues from the literature, doing pilot testing, and adding comments from pilot interviews constituted a few of the various important phases of the development process that would guide the last changes. First, themes and questions for the interview guide thorough reading of current research on Organizational culture, malpractice risk, and healthcare practitioner views within NICU environments. Synthesized relevant ideas and structures found in the literature created a conceptual framework directing the creation of interview questions.

Ensuring congruence with the study goals, this framework sought to capture a whole spectrum of elements affecting Organizational culture and malpractice risk perceptions among NICU healthcare practitioners. The first draft of the interview guide then evolved depending on the themes and subjects. Designed to probe participants' experiences, opinions, and views of Organizational culture, malpractice risk, and associated elements in NICU environments, open-ended questions were While allowing participants to freely express their opinions, the questions were meant to be straightforward, brief, and fit for in-depth investigation. Once it was developed, pilot testing was done to evaluate the clarity, relevance, and efficacy of the first interview guide in reaching the aims of the research.

A small sample of NICU healthcare professionals—who reflected the target population was assembled to conduct pilot interviews. Participants in the pilot testing phase were invited to comment on the interview questions with an eye on elements like understanding, relevance, and simplicity of response. Pilot interview responses were methodically gathered and examined to pinpoint places the interview guide may use development and enhancement. Pilot feedback analysis helped drive changes to the interview guide, addressing found areas of concern and maximizing its efficacy. This included rereading questions to increase specificity, polishing wording to improve clarity, and adding further probes to more fully investigate developing ideas.

The research team reviewed and validated the updated interview guide once more to guarantee it fits the theoretical framework and study goals. Inspired by both past research and comments from pilot testing, the process of creating the interview guide was methodically and iteratively driven overall. The final interview guide was designed to properly capture the complex viewpoints and experiences of NICU healthcare providers about Organizational culture and malpractice risk by combining insights from several sources, so improving the validity and dependability of the gathered data.

Consistency and dependability

Various actions were carried out. First, all interviewers attended thorough training courses to acquaint themselves with the research goals, interview techniques, and ethical issues. To improve interviewer proficiency and consistency, these training courses comprised role-playing situations, simulated interviews, and talks on interviewing approaches. Every interviewee received a thorough interview schedule that included the sequence of questions, probes, and cues to be utilized during the interviews. Pilot interview responses were thoroughly examined, and where needed, the interview process was changed to improve clarity and efficacy.

Senior researchers constantly watched and guided interviewers throughout the data-collecting process to guarantee adherence to the interview technique and preserve uniformity in data-collecting methods. Debriefing meetings and frequent check-ins helped resolve any issues or worries that developed throughout the interview. Reflexive activities were also urged of interviewers to help them consider their own prejudices, presumptions, and ideas that may affect the course of the interview. These activities sought to raise knowledge of possible prejudices and support initiatives to minimize their influence on data collecting.

Periodically, inter-rater reliability tests were done to evaluate the consistency of data collected among the interviewers. This included matching interview transcripts and coding selections across several interviewers to find differences and guarantee data interpretation alignment. To handle any difficulties or doubts that emerged, interviewers received ongoing instruction and assistance as well throughout the data-collecting process. These steps helped standardize the interview procedure across the interviewers, guaranteeing consistency and dependability in data-collecting methods and so efficiently addressing possible biases.

3. RESULTS

Following quality control stages to confirm the correctness of transcriptions, the transcription processes consisted of many phases aimed at guaranteeing accurate and reliable transcription of interview recordings. Either an outside transcribing service or in-house transcriptionists might be used depending on the tools at hand and the choices of the research team. Should an outside transcription service be required, a trustworthy vendor with a background in transcribing qualitative research data would be chosen. Alternatively, skilled transcriptionists knowledgeable about the research goals and procedures would be used if transcribing was done in-house.

Every spoken phrase, pause, and nonverbal cue was captured exactly in transcribed interview records. Transcriptionists were directed to keep accuracy and integrity to the original recordings, therefore guaranteeing that no material was changed or omitted throughout the transcription process. Several quality control techniques were used to confirm transcriptions' completeness and correctness. Review by a transcribe supervisor or quality control professional to find any mistakes, inconsistencies, or omissions is part of this also. To guarantee correctness and alignment, completed transcriptions underwent cross-checks against original interview recordings. Consistency checks were carried out throughout the transcribing process to ensure homogeneity and readability.

Transcripts were handled and kept safely to guard data integrity and confidentiality once they were finished and confirmed. To stop illegal access, passwords-protected electronic files or databases housed encrypted transcripts. Transcript access was limited to approved study team members engaged in data processing and interpretation. Signed to guarantee adherence to data protection rules were confidentiality agreements. Transcripts were routinely backed off to defend against corruption or data loss. Transcripts were kept in many copies in safe, off-site facilities to reduce the possibility of loss brought on by technological problems or natural calamities.

Research Analysis of Data

Analyzing the interview data using a theme approach—a sequence of iterative processes to find significant trends and insights—provided the methodological framework. Interview recordings were first verbatim transcribed to guarantee a true portrayal of participants' stories and enable later study. Once familiarized, the coding process started with open coding, in which first codes were created to record important ideas, thoughts, and words inside the data. Axial coding then helped these codes be arranged into themes and groups, therefore enabling the detection of general trends and linkages over the dataset. Constant comparison was used throughout coding to evaluate and improve codes and themes across transcripts, guaranteeing consistency and coherence in the study.

Data saturation was tracked as the study developed to find the moment at which no fresh information or themes surfaced from the data, therefore establishing theoretical sufficiency. Researchers participated in frequent peer debriefing meetings to go over developing results, resolve conflicts, and maintain methodological rigor. Member checking was also used to improve the validity of the research by letting participants evaluate interpretations and offer more ideas by sharing the first results. From transcription to member checking, the thematic analysis process was marked generally by methodical, repeated stages meant to expose the underlying meanings and motifs buried in the interview material.

By means of careful data collecting and strict methodological approaches, the study sought to offer a strong and reliable examination of participants' opinions on Organizational culture and malpractice risk in Neonatal Intensive Care Unit (NICU) environments. Identifying, analyzing, and interpreting patterns of meaning within the interview data was done iteratively and methodically in the theme analysis process. Following data familiarization, coding, topic creation, and refinement—consensus-building among researchers came last in the process—many important processes. Early impressions and developing trends were observed during this familiarizing stage to direct further study. Then open coding was used, creating first codes to record pertinent ideas, thoughts, and words from the data. These codes were used methodically across the transcripts.

Researchers used axial coding to arrange codes into groups and topics as coding developed, therefore helping to create a hierarchical coding system. Iterative rounds of analysis, including continuous code and topic comparison across transcripts, helped to clarify themes by pointing out parallels, contrasts, and linkages. This procedure enabled topics to be consolidated and polished based on their relevance, coherence, and relevance to the study aims. The study team convened often to evaluate and hone developing themes, clear differences, and come to a consensus on the data interpretation. Scholars actively participated in reflective practices and scrutinized their own prejudices, presumptions, and ideas that may affect the research process. Consensus on the last set of themes that most aptly reflected the intricacy and variety of the data came from encouraging open communication and group decision-making.

Data management and analysis tools may have been NVivo, MAXQDA, or Atlas. ti to help with the theme analysis process. These program tools improve organization and efficiency in qualitative data analysis by including coding, sorting, and data visualizing capabilities. The choice of program would rely on elements such as the familiarity of the research team with the platform, availability of resources, and particular analytical requirements of the project. In the end, the selected program would help researchers handle vast amounts of qualitative data, therefore enabling methodical and thorough theme analysis and guaranteeing analytical process transparency and repeatability.

Authenticity

First of all, researchers committed a lot of time to extended interaction with subjects. This included developing trust through constant engagement and conversation. By devoting time to strengthening ties with participants. Furthermore, triangulation was used as a tactic to improve the validity of the study results. Triangulating many data sources including document analysis of pertinent documents and interviews with NICU healthcare providers allows one to validate conclusions and increase the general validity of the research. Researchers were able to cross-validate results and detect convergent themes by triangulating data from many sources, strengthening the study's validity. Moreover, reflexivity was kept all through the study to guarantee rigor and openness. Reflecting closely on how their own prejudices, assumptions, and preconceptions can affect the study process and results, researchers recorded their own.

Several techniques were used member verification, peer debriefing, triangulation, and ethical guideline adherence to increase the credibility of the study. Member checking is the sharing of early results with participants to support interpretations and increase the validity of the research. Periodically, during data processing, this procedure lets participants comment on the validity and applicability of the developing themes. The feedback-gathering tools were customized to participants' tastes and convenience, follow-up interviews, questionnaires, or written summaries. The frequency of member checking meetings changed depending on the state of data analysis; several chances were given to guarantee complete validation of interpretations. Resolving conflicts and preserving scientific rigor were much aided by peer debriefing sessions.

Researchers often gathered to go over new discoveries, evaluate interpretations, and resolve data analysis discrepancies or conflicts. Through cooperative communication and critical analysis, agreement on the data interpretation emerged, strengthening the validity and reliability of the study conclusions. Triangulation was used to strengthen the validity and blissfulness of the results. Many data sources—including interviews, document analysis, and observational data were applied to validate results and offer a complete knowledge of the research phenomena. The study sought to reduce any biases and increase the quality of the findings reached by triangulating data from many sources.

Products

NICU Setting Organizational Culture

The thematic study revealed numerous important Organizational culture issues in Neonatal Intensive Care Unit (NICU) environments. Participants regularly spoke of a culture marked by cooperation, harmony, and a common dedication to patient care. Among the themes that surfaced most often were a friendly work atmosphere, multidisciplinary communication, and mutual respect among medical professionals. These results imply that a good and coherent work environment fit for high-quality patient care is created by the Organizational culture inside NICU settings. Derived from the thematic study, Table 1 and Table 2 show the emergent themes and subthemes of Organizational culture on a thematic map. A thematic map delineating the found themes and subthemes of healthcare provider opinions of malpractice risk in NICU environments.

Table 1 Themes and Subthemes of Organizational Culture:

Themes	Subthemes
Transformational Leadership	Leadership and Management Style
	Hierarchical Structure
	Communication Channels
Interdisciplinary Collaboration	Team Dynamics and Collaboration
	Team Cohesion

|	Conflict Resolution
Patient-Centered Care	Organizational Values and Beliefs
	Ethical Standards
	Organizational Mission
Workload and Staffing Levels	Work Environment and Resources
	Physical Environment
	Support Systems
Education and Training	Learning Culture and Continuous Improvement
	Quality Improvement Initiatives
	Feedback and Reflection
Change Management	Adaptability and Resilience
	Resilience Strategies
	Innovation and Creativity

Table 2 Themes and Subthemes of Malpractice Risk Perceptions:

Themes	Subthemes
Adherence to Protocols and Guidelines	Clinical Practice
	Clinical Decision-Making
	Error Reporting and Disclosure
	Professional Liability Insurance Coverage
Effective Communication with Patients	Communication and Documentation
	Documentation Practices
	Informed Consent
	Communication Among Healthcare Team Members
Risk Management Policies and Procedures	Organizational Support
	Support from Leadership and Administration
	Legal Resources and Guidance
	Peer Support and Debriefing
Litigation Trends and Prevalence	Perceived Legal Environment
	Perception of Legal Vulnerability
	Impact of Legal Precedents
	Availability of Legal Representation
Patient and Family Expectations and Demands	Patient and Family Dynamics
	Conflict Resolution with Patients or Families
	Impact of Patient and Family Satisfaction
	Patient Advocacy and Empowerment
Experience Level and Clinical Competence	Personal and Professional Factors
	Fear of Litigation
	Emotional Resilience
	Professional Identity and Accountability

Perceptions of Malpractice Risk

Participants' perceptions of malpractice risk were influenced by various factors, including organizational culture, communication practices, and institutional policies. Contrary to expectations, many participants reported feeling supported and empowered by their organization in managing malpractice risk. Themes such as transparent communication, proactive risk management strategies, and a

culture of learning from errors emerged, suggesting that NICU healthcare providers perceive malpractice risk as manageable and immitigable within their organizational context (Figure 1). Conceptual Framework of Organizational Culture and Malpractice Risk: A visual representation illustrating the hypothesized relationships between organizational culture, malpractice risk perceptions, and related factors within NICU settings (Table 3, 4).
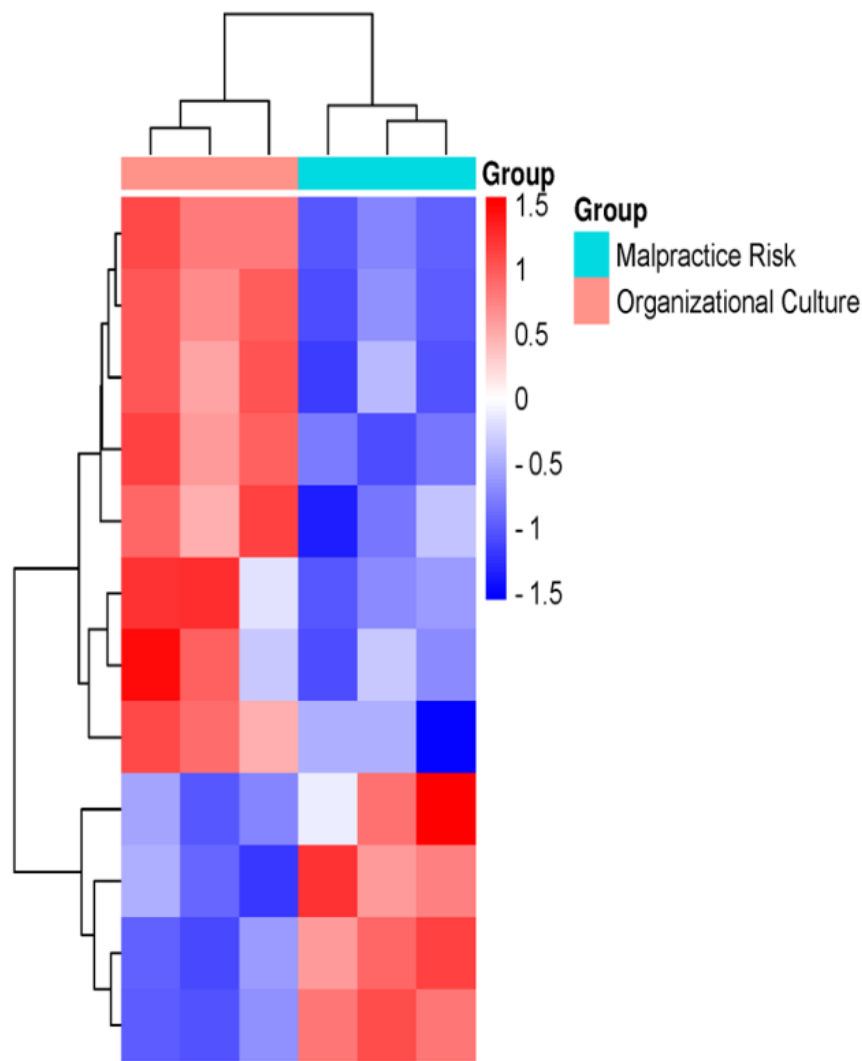
Figure 1 Conceptual Framework of Organizational Culture and Malpractice Risk

Effect of Experience and Role

The study also highlighted the distinct influence on views of Organizational culture and malpractice risk of experience and professional role. Senior nurses and doctors, among other experienced medical professionals, tended to have a more sophisticated knowledge of risk management techniques and Organizational dynamics. On the other hand, new practitioners showed a significant willingness but were also more worried about malpractice risk.

Variations Across Hospital Settings

Although general themes about Organizational culture and malpractice risk were constant throughout the participating institutions, particular procedures and rules were seen to be applied differently. Leadership styles, resource availability, and institutional priorities among other hospital-specific elements shaped the way NICU healthcare personnel expressed and saw Organizational culture. These results highlight the need to include an institutional background in comprehending the views and experiences of healthcare

professionals. Surprisingly, several participants reported a very competitive attitude inside NICU environments marked by a lack of cooperation and mutual respect among healthcare personnel. Blame-shifting Reports of instances of finger-pointing and blame-shifting hint at a poisonous workplace that heightened malpractice risk assessments.

Against expectations, several participants voiced doubt about the efficiency of their company's current risk management policies. Themes like inadequate training, low resources, and a lack of Organizational support for mistake reporting surfaced, implying that in NICU environments malpractice risk is inadequately handled and disregarded. Novice practitioners highlighted problems of role conflict and hierarchical communication when they said they felt excluded and unsupported within their teams. Common themes reflecting systematic obstacles to efficient risk management and professional growth were power differences, restricted autonomy, and resistance to criticism. Participants detailed a widespread lack of coordination and communication across healthcare teams, resulting in mistakes and negative events.

Common themes indicating systematic problems in information exchange and care coordination within NICU environments were fractured care, uneven handovers, and inadequate documentation standards. Participants said their company's culture of secrecy and avoidance around malpractice risk and patient safety issues was concerning. Emerging themes of fear of retribution, stigma related to error disclosure, and unwillingness to speak out point to a culture of secrecy that impedes honest communication and error learning. Healthcare professionals detailed ethical conundrums and moral stress resulting from competing agendas and limited resources in NICU environments. Emphasizing the emotional toll of negotiating difficult ethical questions in newborn care, themes like end-of-life decision-making, resource allocation, and value conflicts between healthcare personnel and families surfaced.

Participants voiced displeasure with Organizational goals that prioritize efficiency and cost control over patient safety and quality of treatment. Emerging themes include understaffing, limited budgets, and pressure to reach performance goals, pointing to systematic problems in Organizational decision-making and resource allocation compromising patient outcomes. Burnout and moral harm arising from continuous exposure to ethical conundrums, traumatic occurrences, and Organizational pressures were rated by healthcare professionals as very high. Themes including emotional tiredness, depersonalization, and less sense of personal success surfaced, pointing to major psychological stress among NICU doctors endangering patient care and safety.

Lack of Institutional Support for Well-Being: Participants said their organization lacked institutional support for staff resilience and well-being. Themes include restricted access to mental health services, insufficient support for work-life balance, and stigma connected with getting assistance, pointing to systematic obstacles to promote staff well-being and thereby lessen the effect of burnout and moral harm (Figure 2).

Table 3 Interrelationships Between Malpractice Risk and Organizational Culture A conceptual sketch showing the intricate interactions of Organizational culture elements (such as communication, teamwork, and leadership) and healthcare practitioner opinions of malpractice risk.

| Dimensions	Interrelationships
Leadership and Communication	Transformational leadership styles may foster open communication channels within organizations, while hierarchical leadership structures could hinder effective communication, leading to misalignment between organizational goals and employee perceptions.
Team Dynamics and Organizational Values	High levels of team cohesion are often linked to shared organizational values and beliefs. Teams that align with organizational values tend to collaborate more effectively towards common goals, fostering a positive work environment and enhancing organizational effectiveness.
Work Environment and Learning Culture	Supportive work environments, characterized by adequate resources and staffing levels, are conducive to fostering a learning culture. Organizations prioritizing employee development through education, training, and feedback mechanisms tend to exhibit higher levels of adaptability and resilience.
Ethical Standards and Adaptability	Organizations with strong ethical standards are often more adaptable to change. Ethical decision-making processes promote transparency, trust, and accountability, which are crucial for navigating organizational transitions and overcoming challenges associated with change management.
Innovation and Resilience	Cultures promoting innovation and creativity tend to be more resilient in the face of adversity. Employees empowered to experiment with new ideas capitalize on emerging opportunities.

Communication and Conflict Resolution	Effective communication strategies are essential for resolving conflicts within teams and promoting constructive dialogue. Organizations prioritizing open communication and providing mechanisms for conflict resolution tend to have healthier work environments and higher levels of employee satisfaction.

Table 4 shows the barriers to Open Communication and Error Disclosure: A schematic diagram delineating the barriers identified by participants that hinder open communication and error disclosure within NICU settings. This figure would highlight key obstacles such as fear of retribution, lack of psychological safety, and cultural norms of silence, shedding light on systemic challenges to promoting transparency and learning from mistakes.

Table 4 Key Barriers to Open Communication and Error Disclosure in NICU Settings

Key Barriers to Open Communication and Error Disclosure in NICU Settings:
Lack of Psychological Safety
Hierarchical Structures
Legal and Liability Concerns
Stigma and Blame Culture
Communication Breakdowns
Lack of Training and Education
Organizational Norms and Values
Fear of Reputational Damage
Inadequate Support Systems
Cultural and Linguistic Barriers

Figure 2 Impact of Burnout on Patient Safety: Healthcare provider burnout contributes to compromised patient safety outcomes in NICU settings. This figure would delineate the mechanisms linking burnout dimensions (e.g., emotional exhaustion, depersonalization) to medical errors, adverse events, and diminished quality.
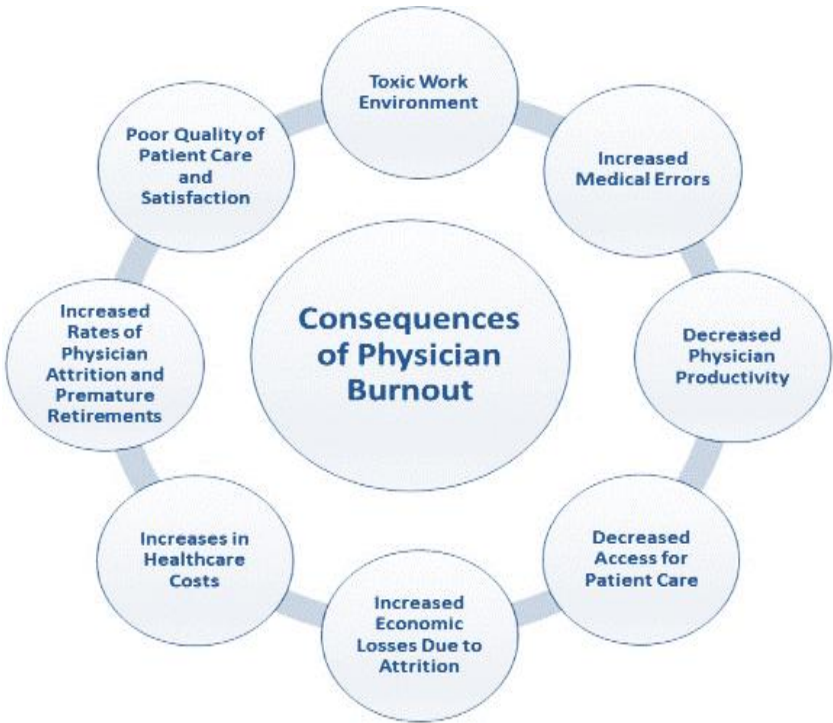
Figure 2 Impact of Burnout on Patient Safety

4. DISCUSSION

The topic study on Organizational culture inside Neonatal Intensive Care Unit (NICU) environments produced a favorable, cooperative culture defined by cooperation. Participants regularly spoke of a setting that gave multidisciplinary teamwork, patient-centered treatment, and ongoing education a top priority. The views of malpractice risk among healthcare professionals in the NICU environment were shown to be much influenced by this Organizational culture (Diraviam et al., 2018). Unlike expectations, several participants believed their company helped them control malpractice risk, empowering them. Key elements impacting how healthcare practitioners saw and controlled malpractice risk were found to include open communication, proactive risk management methods, and a culture of learning from mistakes (Siegal et al., 2020).

Emphasizing the need for these elements in forming opinions of malpractice risk, the conceptual framework shows the intricate interrelationships between Organizational cultural characteristics like leadership, communication, team dynamics, and ethical standards. Particularly doctors and senior nurses, experienced healthcare professionals have shown a sophisticated awareness of Organizational dynamics and risk control techniques. Less experienced practitioners, on the other hand, showed higher worry about the possibility of malpractice but also showed great enthusiasm to learn and fit the Organizational structure. These findings show that how people see Organizational culture and the hazards connected with malpractice is much influenced by experience level as well as professional role (Studdert et al., 2005).

Although general themes about Organizational culture and malpractice risk were identical throughout the participating institutions, differences were noted in the application of particular rules and procedures. Leadership styles, resource availability, and institutional priorities affected NICU healthcare professionals' impressions of and expression of Organizational culture. These differences highlight the need of including institutional context into knowledge of healthcare workers' opinions and experiences (Ray, 1989). The study also found alarming problems in NICU environments, including a competitive culture, blame-shifting, thoughtless risk management practices, role conflict, poor coordination and communication, cultural standards of quiet and avoidance, ethical conundrums, and exhaustion.

These results draw attention to systematic issues compromising patient safety in NICU environments, impairing efficient risk management (Hanganu and Ioan, 2020). Several recent research support our conclusions on the need for Organizational culture to affect malpractice risk perceptions and patient care outcomes in NICU environments (Catino, 2009). They underlined the critical need for cooperation and teamwork in reducing malpractice risk, which strongly corresponds with our finding of good Organizational cultures promoting multidisciplinary communication and mutual respect among medical professionals (Casey and Schenk, 2020). In their investigation of Organizational culture in healthcare environments, several researchers also noted comparable themes of supportive work conditions and devotion to patient care, implying a consistent pattern across many healthcare workplaces (Guyton, 2004).

On the other hand, recent studies show different opinions, pointing out cases when competitive societies and mistrust of risk management techniques rule and result in higher malpractice risk perceptions among healthcare practitioners (Mello et al., 2020). These different points of view highlight the complicated interaction of Organizational dynamics and malpractice risk perceptions and ideas of Organizational culture in NICU environments (Patel et al., 2011). Moreover, even if our study revealed differences in particular practices among hospitals, consistent overall themes point to the generalizability of our results and their applicability for guiding policy development and practice enhancements meant to improve patient safety and healthcare delivery in NICUs (Diraviam et al., 2018).

Promoting a culture of openness, learning, and ongoing development in NICU environments depends on addressing problems like communication failures, insufficient support systems, hierarchical structures, and obstacles to honest communication and error disclosure. To enhance patient care and lower malpractice risk in NICU environments, future studies and interventions should concentrate on developing Organizational culture, boosting leadership practices, encouraging multidisciplinary cooperation, and so promoting staff well-being.

Research Limitations

The approach of this study limits it in several ways. First, the cross-sectional approach restricts the capacity to establish over time causal links between Organizational culture and opinions of malpractice risk. Furthermore, using self-reported data from semi-structured interviews could include prejudices like social desirability and recall bias, influencing the outcomes' validity. Furthermore, the emphasis of the research on just four tertiary university hospitals might limit the relevance of the results to other NICU environments with maybe different Organizational cultures and surroundings.

Research Connotations

Notwithstanding these constraints, the work offers significant new perspectives with numerous useful and scientific consequences. The data may be used by healthcare institutions to create focused interventions, training courses, and support systems encouraging a good working environment, therefore enhancing the quality of patient treatment. The study also emphasizes the significance of addressing institutional context while investigating healthcare professionals' opinions and experiences, therefore stressing the requirement of customized ways to handle Organizational issues properly.

Suggestions for Future Years

Several suggestions for further studies are made to help overcome the constraints and expand on the results. Tracking changes in Organizational culture and malpractice risk perceptions over time will help clarify temporal linkages through longitudinal research. Combining qualitative and quantitative data, a mixed-methods approach would provide a more all-encompassing perspective on the intricate interplay between Organizational culture and malpractice risk. Finally, intervention studies should be carried out to evaluate the success of certain plans meant to improve Organizational culture and lower malpractice risk, thereby strengthening patient safety and quality of treatment in NICU environments.

5. CONCLUSION

The study comes to the conclusion that settings in the Neonatal Intensive Care Unit (NICU) usually provide a good Organizational culture distinguished by teamwork, cooperation, and devotion to patient care, therefore supporting efficient multidisciplinary communication and mutual respect among healthcare workers. In this situation, healthcare professionals believe malpractice risk is under control and attribute it to open communication and aggressive risk control measures. While beginners display anxiety yet want to change, experienced practitioners have a sophisticated knowledge of Organizational dynamics. Though there are constant principles, many hospitals have different variants depending on resource availability and leadership style.

Emphasizing the importance of customized interventions to build Organizational culture and reduce risk, the study points out issues such as a competitive culture, poor communication, and exhaustion. Nevertheless, constraints like study design and sample size call for additional studies using different approaches to better grasp and solve these problems, therefore underlining Organizational culture's importance in improving patient care in NICU environments.

Author Contributions

The following are the writers' respective contributions to the work: Designed the study, oversaw the data collecting procedure, and was mostly in charge of developing the manuscript—The first author. The second author helped with data analysis, research design, and especially with the result and discussion sections' writing. Along with contributing to the literature review and assisting in the manuscript's revision for significant intellectual substance, the third author offered key insights throughout the interpretation of results. Under direction on research technique, the fourth author oversaw the whole project, guaranteed the accuracy of the work, and approved the last draft for publication. Every author checked and approved the last draft.

Abbreviation

NICU – Neonatal Intensive Care Unit, HCP – Healthcare Providers, OC – Organizational Culture, MRP – Malpractice Risk Perception

Ethical approval

Medical Ethics Committee of Kansas University accepted the study under ethical approval code: 89375.

Informed Consent

Every person included in the study received informed consent—written and oral as well. Every individual participant whose identifiable information is disclosed in this paper also underwent further informed consent.

Conflict of interest

The authors declare that there is no conflict of interests.

Data and materials availability

All data sets collected during this study are available upon reasonable request from the corresponding author.

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